

**THE UNIVERSITY HOSPITAL/UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE
NOMINATION FOR MEMBERSHIP ON THE RESIDENT/FELLOW STAFF**

NAME Darlington Omobuogie Amadasu MD
First Middle Last Degree

NEW HIRE XXX TRANSFER _____ If transfer: PROGRAM TRANSFERRING FROM: _____
PROGRAM TRANSFERRING TO: _____

RESIDENT LEVEL (R) 3 CLINICAL FELLOW LEVEL (CF) _____ SPECIAL FELLOW (SF) _____

POST GRADUATE YEAR (LEVEL FOR PAY) University Hospital paid level: _____
Departmental paid level: _____
Other: Source UC Payroll level R3

PROGRAM Occupational Medicine DIVISION _____

STARTING DATE 07 / 01 / 99 EXPECTED COMPLETION DATE 06 / 30 / 00

SOCIAL SECURITY # [REDACTED] DATE OF BIRTH 01 / 01 / 49 FEMALE _____ MALE XX

PLACE OF BIRTH Benin City, Nigeria CITIZENSHIP USA

U.S. CITIZEN _____
NATURALIZED CITIZEN XX HI-B1 VISA _____
J-1 VISA _____ RESIDENT ALIEN _____
EMPLOYMENT AUTHORIZATION _____

ETHNICITY: White _____
(See Categories Black XX
on back) Hispanic _____
Asian/Pacific _____
American Indian _____
Alaskan Native _____

MILITARY STATUS: N/A (1)Active Reserve _____
(2)Inactive Reserve _____
(3)Vietnam Era Veteran _____
(4)Vietnam Veteran Active Reserve _____
(5)Veteran (Other than Vietnam) _____
(6)National Guard _____
Unit assigned to: _____

Eligible for benefits: Yes _____ No _____

MEDICAL SCHOOL University of Lagos College of Medicine, Lagos, Nigeria

LOCATION (COUNTRY) Lagos, Nigeria GRAD DATE 07 / -- / 79

MEDICAL SCHOOL CODE 99999
(LIST OF CODES ARE KEPT ON FILE IN EACH PROGRAM)

CONTINUED ON REVERSE SIDE

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**Nomination for Membership
on the Resident/Fellow Staff**



PREVIOUS U.S. RESIDENT/FELLOWSHIP POST GRADUATE EDUCATION: (ALL PREVIOUS U.S. GME MUST BE LISTED)

R/CF LEVEL R1 PROGRAM: Family Practice HOSPITAL: Brox Lebanon Hospital
FROM 05/01/92 TO 09/21/93 BOARD CERTIFIED BOARD ELIGIBLE TOTAL # OF MONTHS: 16

R/CF LEVEL R2 PROGRAM: Occupational Medicine HOSPITAL: U. of Utah School of Medicine
FROM 08/01/98 TO 05/31/99 BOARD CERTIFIED BOARD ELIGIBLE TOTAL # OF MONTHS: 10

R/CF LEVEL PROGRAM: HOSPITAL:
FROM / / TO / / BOARD CERTIFIED BOARD ELIGIBLE TOTAL # OF MONTHS:

R/CF LEVEL PROGRAM: HOSPITAL:
FROM / / TO / / BOARD CERTIFIED BOARD ELIGIBLE TOTAL # OF MONTHS:

TOTAL # OF U.S. GME (OTHER - NOT THE UNIVERSITY HOSPITAL/UC COLLEGE OF MEDICINE) MONTHS: 26

SIGNATURE: Program Chairman or Director 

(Signature certifies that all information has been verified by the department where the physician is expected to complete his/her training program, and originals of all transcripts and certification of previous training are on file).

Race/Ethnic Identification

White (Not of Hispanic origin)

All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian subcontinent.

Black (Not of Hispanic origin)

All persons having origins in any of the black racial groups.

Hispanic

All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander

All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native

All persons having origins in any of the original peoples of North America.

SOURCE: Equal Employment Opportunity Commission Instruction Booklet

nom:01/1999

Ex. 175



State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43266-0315 • (614) 466-3934 • Website: www.state.oh.us/med/

ACKNOWLEDGMENT OF APPLICATION FOR TRAINING CERTIFICATE

July 19, 1999

~~Barbara E. Grubb, MD~~
P.O. Box 670056/
Cincinnati, Ohio 45267-0056

This is to notify you that your application for a training certificate was received by the Board on 7/19/99 in order to participate in the training program at University Hospitals of Cincinnati (OH).

Please be advised that you are hereby authorized to begin participation in the training program to which you have been appointed while your application is being processed. You are entitled to perform such acts as may be prescribed by or incidental to the internship, residency, or clinical fellowship program, but are not otherwise entitled to engage in the practice of medicine and surgery or osteopathic medicine and surgery in this state. You must limit your activities to the programs of the hospitals or facilities for which you have applied. You must train only under the supervision of the physicians responsible for supervision as part of the internship, residency, or clinical fellowship program.

The processing time before issuance of a training certificate is ordinarily 6 to 8 weeks after receipt of an application by the Board. Applications are processed in the order received. An incomplete application or any unusual circumstances discovered during processing will result in deviation from this schedule. You will be notified if the application is incomplete or contains errors; or if there is difficulty in obtaining the independently requested recommendations.

The Ohio Administrative Code provides that the Board may abandon an application if you fail to complete the application process within six months of initial application filing. Submitted fees will not be refundable or transferable.

Sincerely,

Penny E. Grubb
Penny E. Grubb
Chief, Licensure

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